



North Carolina Department of Environment and Natural Resources  
Division of Waste Management  
Solid Waste Section



## INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

| Applicant Address: | Contact/Billing Information:   | Facility Location Address:  |
|--------------------|--|---|
|                    | Mr. David Pepper<br>Wake Reclamation, LLC<br>3301 Benson Drive, Suite 601<br>Raleigh, NC 27609 | Material Recovery C&D Landfill<br>2600 Brownfield Road<br>Raleigh, NC |

| INVOICE NUMBER | INVOICE DATE | DUE DATE | AMOUNT DUE  |
|----------------|--------------|----------|-------------|
| SWCD012-0006   | 5-17-2012    |          | \$18,500.00 |

A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

| Facility Permit # | Facility Type | Application Type | Application Date | Fee         | Total Amount           |
|-------------------|---------------|------------------|------------------|-------------|------------------------|
| 9231-CDLF         | CDLF          | Amendment        | 2/29/2012        | \$18,500.00 | \$18,500.00            |
| Total Amount Due  |               |                  |                  |             | \$18,500.00            |
| Amount Paid       |               |                  |                  |             | \$0.00 <i>\$18,500</i> |

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management  
Solid Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646  
Attn: Ellen Lorscheider

**P A I D**  
CK #00901956

D. **Solid Waste Contacts:**

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8445
- Questions about the Regulations and Technical Assistance:  
Ed Mussler (919) 707-8231 Landfills, Transfer Stations  
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

**PERMIT APPLICATION REVIEW FORM**

|                      |                   |                 |                     |
|----------------------|-------------------|-----------------|---------------------|
| Review Requested by: | <u>Pat Backus</u> | Date Requested: | <u>May 15, 2012</u> |
|----------------------|-------------------|-----------------|---------------------|

|   |  |
|---|--|
| Facility Name and Permit ID   | <u>Material Recovery C&amp;D Landfill 9231-CDLF-</u>   |
| Applicant (Owner) Name  | <u>Wake Reclamation, LLC</u>   |
| Description of Permit Request<br>[This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)] | <input type="checkbox"/> (1)a. New – New Facility<br><input type="checkbox"/> (1)b. New – Expand Facility Boundary<br><input type="checkbox"/> (1)c. New – Expand Waste Boundary<br><input type="checkbox"/> (1)d. New – Substantial Amendment<br><input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan<br><input type="checkbox"/> (2)b. Amendment – Five-year Renewal<br><input checked="" type="checkbox"/> (2)c. Amendment – Change in Ownership<br><input type="checkbox"/> (3)a. Modification – Change to Approved Plans ( <b>No CHR</b> )<br><input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) |
| Permit Fee  | <u>\$ 18,500</u>   |
| Date Application Received   | <u>February 29, 2012</u>   |
| Contact Name, Title & Phone #   | <u>David Pepper</u>  |
| Company   | <u>Wake Reclamation, LLC</u>   |
| 911 Address   | <u>2600 Brownfield Road, Raleigh, NC</u>   |
| Mailing Address   | <u>3301 Benson Drive, Suite 601</u>  |
| City/State/Zip  | <u>Raleigh, NC 27609</u>   |
| Parent Company  | <u>Waste Industries USA</u>  |
| Known Subsidiaries  | <u>_____</u>   |
| Other known names business has operated under   | <u>_____</u>   |
| Known Counties of Operation   | <u>_____</u>   |
| Does the applicant have a past or current solid waste permit?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/><br>Facility Type: <u>_____</u> Permit #: <u>_____</u>   |
| Does the applicant have other DENR permits?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/><br>Division: <u>_____</u> Facility Type: <u>_____</u> Permit #: <u>_____</u>  |
| Did the permit applicant submit Financial Assurance cost estimates?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>   |
| Are the cost estimates sufficient?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>   |
| Other notes   | <u>Permit states 1100T/day, 286 days/year or 314,600 T/yr. See DIN 16620.</u>  |